

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the linesNational Association of Insurance and Financial Advisors Political Action Commit-  
tee

ADDRESS (number and street)

2901 Telestar Court

Check if different  
than previously  
reported. (ACC)

Falls Church

VA

22042

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00005249

3. IS THIS  
REPORTNEW  
(N)**OR**AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Quarterly Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

05

01

2007

through

05

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Peter C. Browne

Signature of Treasurer

Electronically Filed by Peter C. Browne

Date

06

15

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
-----------------------	--	--	--	--	--	--	--

**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		138478.22
(b) Cash on Hand at Beginning of Reporting Period .....	123542.59	
(c) Total Receipts (from Line 19) .....	83913.00	372835.49
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	207455.59	511313.71
7. Total Disbursements (from Line 31) .....	85124.54	388982.66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	122331.05	122331.05
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	36005.10	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

National Association of Insurance and Financial Advisors Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	5	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	5	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	31638.21	90288.91
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	52274.79	282546.58
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➤	83913.00	372835.49
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➤	83913.00	372835.49
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	83913.00	372835.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	83913.00	372835.49

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	26124.54	94307.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	26124.54	94307.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	58000.00	292500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1000.00	2175.50
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	1000.00	2175.50
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	85124.54	388982.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	85124.54	388982.66

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	83913.00	372835.49
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	2175.50
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	82913.00	370659.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	26124.54	94307.16
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	26124.54	94307.16

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Michael J. Ables, LUTCF

Mailing Address PO Box 2205

City State Zip Code  
 Avila Beach CA 93424-2205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678788

Amount of Each Receipt this Period

105.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Paul Adams

Mailing Address 5101 Missy Maric Lane

City State Zip Code  
 Las Vegas NV 89130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1676309

Amount of Each Receipt this Period

72.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr Emmette F. Albritton, II, LUTCF

Mailing Address 20683 Running Creek Church Road  
 Suite A

City State Zip Code  
 Stanfield NC 28163

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: R1682079

Amount of Each Receipt this Period

220.00

Credit Card

SUBTOTAL of Receipts This Page (optional) .....

397.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jeffrey Leonard Allison, ChFC, CLU

Mailing Address 401 Wampanoag Trail, #100

City State Zip Code  
Riverside RI 02915-1507

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 0 7

Transaction ID: R1681840

Amount of Each Receipt this Period

150.00

Check

**B.** Full Name (Last, First, Middle Initial)

Ms. Carol A. Anderson, LUTCF, CFP

Mailing Address 717 N. 87th St.

City State Zip Code  
Omaha NE 68114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679457

Amount of Each Receipt this Period

50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. Robert B. Anderson, CLU

Mailing Address 1456 Old Boones Creek Road

City State Zip Code  
Jonesborough TN 37659

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679451

Amount of Each Receipt this Period

50.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. William C. Anderson, LUTCF

Mailing Address 205 Whippoorwill Lane

City State Zip Code  
 Altamonte Spgs FL 32701-7827

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 1 / 2 0 0 7

Transaction ID: R1681718

Amount of Each Receipt this Period

-250.00

DA

Full Name (Last, First, Middle Initial)

B. Mr. William C. Anderson, LUTCF

Mailing Address 205 Whippoorwill Lane

City State Zip Code  
 Altamonte Spgs FL 32701-7827

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679805

Amount of Each Receipt this Period

25.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. William R. Anderson

Mailing Address 1842 Vermont Ave NW

City State Zip Code  
 Washington DC 20001-5006

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 1 / 2 0 0 7

Transaction ID: R1681573

Amount of Each Receipt this Period

20.83

Check

SUBTOTAL of Receipts This Page (optional) .....

-204.17

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. William R. Anderson  
Mailing Address 1842 Vermont Ave NW

City State Zip Code  
Washington DC 20001-5006

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: R1681978

Amount of Each Receipt this Period

20.83

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. David William Ashley  
Mailing Address 10939 N W 32 PI

City State Zip Code  
Gainesville FL 32606

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679054

Amount of Each Receipt this Period

42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Douglas E. Aycock, CLU, ChFC  
Mailing Address 5113 Southwest Pkwy # 200

City State Zip Code  
Austin TX 78735-8915

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679187

Amount of Each Receipt this Period

42.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

105.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mrs. Kristie D. Babcock

Mailing Address PO Box 910

City State Zip Code  
 Kenai AK 99611

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 2 / 2 0 0 7

Transaction ID: R1681844

Amount of Each Receipt this Period

250.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)

Mr. Thom E. Beasley

Mailing Address 1103 Dove Rd.

City State Zip Code  
 Jonesboro AR 72401-5270

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678895

Amount of Each Receipt this Period

81.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. Thom E. Beasley

Mailing Address 1103 Dove Rd.

City State Zip Code  
 Jonesboro AR 72401-5270

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 5 / 2 0 0 7

Transaction ID: R1681786

Amount of Each Receipt this Period

-81.00

RT

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. John C. Beckwith  
Mailing Address 1908 Greenbriar Drive

City State Zip Code  
Portage MI 49024-5787

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679211

Amount of Each Receipt this Period

42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Kent A. Bennett  
Mailing Address 280 Hollow Road

City State Zip Code  
Muncy PA 17756-5789

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679828

Amount of Each Receipt this Period

87.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas C. Besselman  
Mailing Address 6421 Perkins Rd # 2b

City State Zip Code  
Baton Rouge LA 70808-4125

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678317

Amount of Each Receipt this Period

50.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

179.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. David B. Bianchi, CLU  
Mailing Address 1125 Beldon Way

City State Zip Code  
Reno NV 89503-3164

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679020

Amount of Each Receipt this Period

60.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Ms. Eleanor B. Blaylock  
Mailing Address 9439 Gay Lane

City State Zip Code  
Oil City LA 71061

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677871

Amount of Each Receipt this Period

50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. John J. Bradley, CLU  
Mailing Address 148 Grove Street

City State Zip Code  
Westwood MA 02090

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678841

Amount of Each Receipt this Period

41.66

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

151.66

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Gary A. Bramon, CLU, ChFC

Mailing Address 269 San Felipe Way

City State Zip Code  
 Novato CA 94945-1687

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679407

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Ronald D. Brant, CLU, LUTCF

Mailing Address 10234 Hoffman

City State Zip Code  
 Maybee MI 48159-9777

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1090.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679566

Amount of Each Receipt this Period

208.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Frank H. Briggs, Jr., CLU, C

Mailing Address 2610 Bohler Rd NW

City State Zip Code  
 Atlanta GA 30327-1418

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679552

Amount of Each Receipt this Period

50.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

308.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. C. Robert Brown, Sr., CLU, L

Mailing Address 8675 WestCott

City State Zip Code  
 Germantown TN 38138-7738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677615

Amount of Each Receipt this Period

62.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. Michael O. Brown, LUTCF

Mailing Address 6512 Nell 3

City State Zip Code  
 Edmond OK 73013

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679326

Amount of Each Receipt this Period

60.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. Royall R. Brown, Jr., CLU

Mailing Address 2617 Audubon Dr

City State Zip Code  
 Winston Salem NC 27106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: R1681460

Amount of Each Receipt this Period

550.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

672.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. Dennis A. Brumbaugh, LUTCF

Mailing Address 17 Conley Lane

City State Zip Code  
 Elma WA 98541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679111

Amount of Each Receipt this Period

42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. George B. Bryce, CLU, ChFC

Mailing Address 2730 Ardon Ln

City State Zip Code  
 Casper WY 82609-3902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679376

Amount of Each Receipt this Period

42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. James A. Buchan, CLU, ChFC

Mailing Address 5716 W. Orlando Circle

City State Zip Code  
 Broken Arrow OK 74011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679034

Amount of Each Receipt this Period

60.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

144.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Christopher D. Campbell, CLU, ChFC

Mailing Address 2511 Brandon Road

City State Zip Code  
Upper Arlington OH 43221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678333

Amount of Each Receipt this Period

42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard J. Chandik, MBA

Mailing Address 1332 Shorebird Ln

City State Zip Code  
Carlsbad CA 92009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678301

Amount of Each Receipt this Period

42.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Ms. Queenie M. Chee, CLU, LUTCF

Mailing Address 833 Waika Place

City State Zip Code  
Honolulu HI 96825-1061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678178

Amount of Each Receipt this Period

42.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

127.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Cylinda A. Clark  
Mailing Address 4002 San Mateo

City State Zip Code  
Plano TX 75093-6618

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677660

Amount of Each Receipt this Period

42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas R. Clark, CLU, ChFC  
Mailing Address 1603 22nd St Ste 202

City State Zip Code  
West Des Moines IA 50266-1410

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679315

Amount of Each Receipt this Period

60.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Edward R. Clink  
Mailing Address 1263 W. Square Lake Rd.

City State Zip Code  
Bloomfield Hills MI 48302-0845

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 7

Transaction ID: R1681821

Amount of Each Receipt this Period

250.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

352.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. J Michael Clinton

Mailing Address 3525 Tilford Cir

City State Zip Code  
 Monroe LA 71201

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1676200

Amount of Each Receipt this Period

42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gordon T. Colburn

Mailing Address 126 Crystal Springs Road

City State Zip Code  
 San Dimas CA 91773

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679097

Amount of Each Receipt this Period

42.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Scott D. Colby, CLU, ChFC

Mailing Address 7077 E. Central #8

City State Zip Code  
 Wichita KS 67206-1929

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 4 / 2 0 0 7

Transaction ID: R1681468

Amount of Each Receipt this Period

2100.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

2185.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Jeffrey L. Collins, CLU

Mailing Address 1109 Culpepper Drive

City State Zip Code  
 Rocky Mount NC 27803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: R1682085

Amount of Each Receipt this Period

275.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Mr. Gus H. Comiskey, Jr., CLU

Mailing Address 3 Riverway, Suite 1350

City State Zip Code  
 Houston TX 77056-1960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 1 / 2 0 0 7

Transaction ID: R1681767

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. David A. Culley, CLU, ChFC

Mailing Address 4187 Club Drive N.E.

City State Zip Code  
 Atlanta GA 30319-1115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679795

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

567.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Sam J. Cunningham, CLU, ChFC,

Mailing Address 190 Lily Ln

City State Zip Code  
 Greenbank WA 98253-6203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 2 4 / 2 0 0 7

Transaction ID: R1681837

Amount of Each Receipt this Period

500.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Donald Curristan, CLU, ChFC

Mailing Address 16860 Daza Dr

City State Zip Code  
 Ramona CA 92065-4676

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 1 / 2 0 0 7

Transaction ID: R1681568

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Michael E. Curry, CLU, CEBS

Mailing Address 1270 Clubhouse Dr

City State Zip Code  
 Pasadena CA 91105-2729

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 2 3 / 2 0 0 7

Transaction ID: R1681878

Amount of Each Receipt this Period

250.00

Credit Card

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Jack H. Curtis  
Mailing Address 1508 Morning Glory Cr.

City State Zip Code  
Tupelo MS 38801

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679715

Amount of Each Receipt this Period

50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Vincent M. D'Addona, CLU, ChFC  
Mailing Address 141 Greenway Road

City State Zip Code  
Lido Beach NY 11561-4828

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679453

Amount of Each Receipt this Period

85.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Mayur T. Dalal  
Mailing Address 928 Carrie Court

City State Zip Code  
East Meadow NY 11554-4643

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 0 7 / 2 0 0 7

Transaction ID: R1681525

Amount of Each Receipt this Period

1250.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) .....

1385.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. John A. Davidson, LUTCF, FSS  
Mailing Address 1497 Rancho Lane

City State Zip Code  
Thousand Oaks CA 91362

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679438

Amount of Each Receipt this Period

105.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. William James DeBruin, LUTCF  
Mailing Address 106 Edgewood Ln

City State Zip Code  
Combined Locks WI 54113

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678971

Amount of Each Receipt this Period

72.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Glenn P. Deal, Jr.  
Mailing Address 58 Golf Course Ln.

City State Zip Code  
Taylorsville NC 28681

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678581

Amount of Each Receipt this Period

46.75

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

223.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John R. Dean, LUTCF, CLU,

Mailing Address 1700 S.W. 15th Ave.

City State Zip Code  
 Willmar MN 56201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679758

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Paul R. Decker, CLU, ChFC

Mailing Address Box 1832

City State Zip Code  
 Idaho Falls ID 83403-1832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679587

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Robert F. Decker, CLU, FLMI

Mailing Address 9290 West Dodge Road #102

City State Zip Code  
 Omaha NE 68114-3320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 1 / 2 0 0 7

Transaction ID: R1675534

Amount of Each Receipt this Period

750.00

Credit Card

SUBTOTAL of Receipts This Page (optional) .....

850.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. David V. Dellinger  
Mailing Address 3052 Stanton Circle

City State Zip Code  
Carmichael CA 95608

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679734

Amount of Each Receipt this Period

42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. David S. Dickenson, II, CLU, Ch  
Mailing Address 7535 Brigham Road

City State Zip Code  
Gates Mills OH 44040

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679196

Amount of Each Receipt this Period

42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Lyle Domenitz, LUTCF, RFP  
Mailing Address 12367 N Antelope Trl

City State Zip Code  
Parker CO 80138

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1676539

Amount of Each Receipt this Period

42.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

126.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Carol S. Drake

Mailing Address 1931 Spode Ave

City State Zip Code  
Henderson NV 89014-3795

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 7

Transaction ID: R1681868

Amount of Each Receipt this Period

300.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)

Mr. Daniel D. Duren, CLU,ChFC,L

Mailing Address 6537 S. 34th Street

City State Zip Code  
Lincoln NE 68516-5428

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678175

Amount of Each Receipt this Period

42.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. Donald A. Eichelberger

Mailing Address 3217 Highway D65

City State Zip Code  
Dysart IA 52224-9750

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679755

Amount of Each Receipt this Period

50.40

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

392.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. M. Jay Einstein, CLU  
Mailing Address 59 Margarete Dr.

City State Zip Code  
Pittsgrove NJ 08318-3015

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679166

Amount of Each Receipt this Period

72.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Ronald W. Erickson, CLU, AEP,  
Mailing Address 3002 St. Regis Rd

City State Zip Code  
Greensboro NC 27408-4407

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.25

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679323

Amount of Each Receipt this Period

46.75

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ronald W. Erickson, CLU, AEP,  
Mailing Address 3002 St. Regis Rd

City State Zip Code  
Greensboro NC 27408-4407

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

283.25

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: R1681956

Amount of Each Receipt this Period

55.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

173.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Byron Hyatt Erstad, Jr.

Mailing Address 2510 S Nantucket Way

City State Zip Code  
Boise ID 83706-5095

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679311

Amount of Each Receipt this Period

50.40

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B.** Mr. Stephen D. Estler, CLU, ChFC

Mailing Address 2177 NE 63 St.

City State Zip Code  
Fort Lauderdale FL 33308

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679336

Amount of Each Receipt this Period

42.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C.** Mr. John Everett, LUTCF

Mailing Address 531 Daniel

City State Zip Code  
Santa Maria CA 93454

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678543

Amount of Each Receipt this Period

42.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

134.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael K. Fiamingo, LUTCF  
Mailing Address 1177 Avalon Drive

City State Zip Code  
San Jose CA 95125-4218

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 0 / 2 0 0 7

Transaction ID: R1682068

Amount of Each Receipt this Period

250.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. Thomas F. Flournoy, Jr., CLU  
Mailing Address 5300 Zebulon Rd

City State Zip Code  
Macon GA 31210-2199

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679154

Amount of Each Receipt this Period

42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. H. Larry Fortenberry, CPA, CLU, Ch  
Mailing Address 603 Gordon Pl

City State Zip Code  
Madison MS 39110-9799

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679188

Amount of Each Receipt this Period

52.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

344.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Lawrence J. Fowler, Jr.

Mailing Address 481 Route 82

City State Zip Code  
 Oakdale CT 06370-1149

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679206

Amount of Each Receipt this Period

110.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Thomas E. Fowler, CLU, LUTCF

Mailing Address 13243 S.E. 51st Place

City State Zip Code  
 Bellevue WA 98006

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

537.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678969

Amount of Each Receipt this Period

107.50

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Lance P. Franczyk, CLU ChFC

Mailing Address 3009 Alyssum Ct.

City State Zip Code  
 Edmond OK 73034

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 0 5 / 1 6 / 2 0 0 7

Transaction ID: R1681797

Amount of Each Receipt this Period

360.00

Credit Card

SUBTOTAL of Receipts This Page (optional) .....

577.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Ms. Debra L. Franklin-Schatzki

Mailing Address 380 W 12th St

City State Zip Code  
 New York NY 10014

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679447

Amount of Each Receipt this Period

42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. Harry W. Frazee, III, LUTCF

Mailing Address 21800 Oxnard St Suite 1160

City State Zip Code  
 Woodland Hills CA 91367

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 2 / 2 0 0 7

Transaction ID: R1681435

Amount of Each Receipt this Period

250.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)

Mr. Peter Fulchiron, CLU, LUTCF

Mailing Address 411 San Andreas Drive

City State Zip Code  
 Novato CA 94945-1237

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679836

Amount of Each Receipt this Period

208.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Keith M. Gillies, CLU, ChFC,

Mailing Address 109 W. Lakeview Dr.

City State Zip Code  
 La Place LA 70068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678668

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Francis J. Gingras, CLU, ChFC

Mailing Address 7057 Deepwater Pt. Rd.

City State Zip Code  
 Williamsburg MI 49690-9549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 5 / 2 0 0 7

Transaction ID: R1681863

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. James R. Goodrich, CLU, ChFC

Mailing Address 1860 Beech

City State Zip Code  
 Mt. Pleasant MI 48858-1280

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677916

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

342.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Todd G. Grantham

Mailing Address 203 Brandermill Drive

City State Zip Code  
Durham NC 27713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.75

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677922

Amount of Each Receipt this Period

46.75

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Curtis G. Green, Jr., CLU

Mailing Address 836 E 15th Ave #1

City State Zip Code  
Anchorage AK 99501-5404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 7

Transaction ID: R1681847

Amount of Each Receipt this Period

250.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. Karl Erik Hansen, CLU, ChFC,

Mailing Address 900 North Shoreline Boulevard

City State Zip Code  
Mountain View CA 94043-1933

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679722

Amount of Each Receipt this Period

42.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

339.25

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Alex Hanson, CLU, ChFC,

Mailing Address 7888 Glen Finnan Cir

City State Zip Code  
 Ft Myers FL 33912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679686

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B.** Mr. William N. Haraway

Mailing Address 113 Fairview Ave

City State Zip Code  
 Frederick MD 21701

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679738

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C.** Mr. Thomas M. Hawco, CLU, ChFC

Mailing Address 900 Rockhurst Drive

City State Zip Code  
 Lincoln NE 68510-4114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679459

Amount of Each Receipt this Period

42.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

126.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Richard S. Hawkins, LUTCF, RHU  
Mailing Address 2224 Karendale Circle

City State Zip Code  
Riverside CA 92506-5548

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 0 7

Transaction ID: R1681853

Amount of Each Receipt this Period

250.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. Samuel H. Hazleton, IV  
Mailing Address 4220 Lakeshore Drive

City State Zip Code  
Diamond Point NY 12824

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677931

Amount of Each Receipt this Period

42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Terry K. Headley, LUTCF, LIC  
Mailing Address 20704 Meadow Ridge Dr

City State Zip Code  
Springfield NE 68059

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677837

Amount of Each Receipt this Period

208.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Sharon G. Heierman, CAE

Mailing Address 2990 Kemp Rd

City State Zip Code  
Havana FL 32333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1676351

Amount of Each Receipt this Period

42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. Steven B. Heinz

Mailing Address 1341 E 600 N

City State Zip Code  
Orem UT 84097

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677910

Amount of Each Receipt this Period

50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. Marcus T. Henderson, Sr., LUTC

Mailing Address 109 Barrington Court East

City State Zip Code  
Franklin TN 37067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679405

Amount of Each Receipt this Period

42.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

134.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Laurence E. Herman

Mailing Address 413 Luthin Road

City State Zip Code  
Oak Brook IL 60523-2770

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: R1681817

Amount of Each Receipt this Period

500.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)

Mr. Ronald G. Hester, CLU, ChFC

Mailing Address 261 New River Heights Rd.

City State Zip Code  
Boone NC 28607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.75

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679425

Amount of Each Receipt this Period

46.75

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. Ernest B. Hewlett, LUTC

Mailing Address 144 N. River Rd  
Box 1150

City State Zip Code  
Midway UT 84049-1150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 0 7

Transaction ID: R1681803

Amount of Each Receipt this Period

500.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) .....

1046.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. Richard L. Hill, CLU, ChFC,

Mailing Address 2611 Alvo Road

City State Zip Code  
 Seward NE 68434

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679746

Amount of Each Receipt this Period

42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. Robert J. Hollander, LUTCF

Mailing Address 904 Rockhurst Dr.

City State Zip Code  
 Lincoln NE 68510-4114

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678388

Amount of Each Receipt this Period

105.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. Richard L. Hoover, LUTCF, RIA

Mailing Address 2920 S. Jones Blvd., #110

City State Zip Code  
 Las Vegas NV 89146

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678350

Amount of Each Receipt this Period

666.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

813.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Richard L. Hoover, LUTCF, RIA

Mailing Address 2920 S. Jones Blvd., #110

City State Zip Code  
 Las Vegas NV 89146

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

306.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: R1681425

Amount of Each Receipt this Period

-600.00

Check

Full Name (Last, First, Middle Initial)

**B.** Ms. April L. Howard

Mailing Address 3386 Williamsburg

City State Zip Code  
 Boise ID 83706-5320

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678910

Amount of Each Receipt this Period

57.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C.** Mr. William A. Hume, LUTCF

Mailing Address 1075 Woodfield Lane

City State Zip Code  
 Libertyville IL 60048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677703

Amount of Each Receipt this Period

42.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

-500.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Hollis O. Inglett, Jr., LUTCF

Mailing Address 31 Cone Rd

City

Ormond Beach

State

FL

Zip Code

32174-7903

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679696

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Glenn R. Jagodzinske

Mailing Address 6623 SW Gisbourne Court

City

Topeka

State

KS

Zip Code

66614

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: R1681734

Amount of Each Receipt this Period

180.00

Check

Full Name (Last, First, Middle Initial)

C. Mr. Jerry E. Jensen, LUTCF

Mailing Address 190 So. 800 W.

City

Blackfoot

State

ID

Zip Code

83221-6132

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678112

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

272.40

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 100

(check only one)

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Eleanor I. Johnson, CPA, CLU  
Mailing Address 827 Windsor Dr. SE.City State Zip Code  
Sammamish WA 98074-3423FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 0 7

Transaction ID: R1681520

Amount of Each Receipt this Period

250.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. Randhir Singh Judge, LUTCF, FLI  
Mailing Address 45790 Cayuga CtCity State Zip Code  
Fremont CA 94539-6815FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: R1681906

Amount of Each Receipt this Period

500.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Terry M. Kaltenbach, CLU, ChFC  
Mailing Address 1358 Ahlrich AveCity State Zip Code  
Encintas CA 92024-4029FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679001

Amount of Each Receipt this Period

125.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John B. Kearns, LUTCF

Mailing Address 1802 First Ave

City State Zip Code  
 Scottsbluff NE 69361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677769

Amount of Each Receipt this Period

42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Ms. Rita A. Kerber, LUTCF

Mailing Address 1941 E. 135 th

City State Zip Code  
 Thornton CO 80241-4110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.75

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 0 / 2 0 0 7

Transaction ID: R1682057

Amount of Each Receipt this Period

30.75

Credit Card

C. Full Name (Last, First, Middle Initial)

Mr. Michael L. Kerley, JD

Mailing Address 2901 Telestar Court

City State Zip Code  
 Falls Church VA 22042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 1 / 2 0 0 7

Transaction ID: R1681572

Amount of Each Receipt this Period

52.25

Check

SUBTOTAL of Receipts This Page (optional) .....

125.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Michael L. Kerley, JD

Mailing Address 2901 Telestar Court

City State Zip Code  
 Falls Church VA 22042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

522.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: R1681979

Amount of Each Receipt this Period

52.25

Check

Full Name (Last, First, Middle Initial)

B. Mr. Roy W. Kern, LUTCF,CLTC

Mailing Address 3775 West Randall Road

City State Zip Code  
 Springfield MO 65810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679568

Amount of Each Receipt this Period

60.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Richard D. Kimmel

Mailing Address 6525 Bellaire Drive S

City State Zip Code  
 Ft Worth TX 76132-1138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677826

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

154.25

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. David G. Klemisch, LUTCF  
Mailing Address 2801 26th Ave SW

City State Zip Code  
 Fargo ND 58103

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678344

Amount of Each Receipt this Period

51.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Casey C. Knake, CLU, ChFC  
Mailing Address 2902 Mach I Dr.

City State Zip Code  
 Norfolk NE 68701-3238

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678109

Amount of Each Receipt this Period

42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Kenneth E. Knox, CLU, ChFC  
Mailing Address Unit 9, 10 East St

City State Zip Code  
 Providence RI 02906-3069

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679258

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

143.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lance B. Kolbet, RHU, LUTCF  
Mailing Address 4632 Mountain Park Rd.

City State Zip Code  
Pocatello ID 83202

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679386

Amount of Each Receipt this Period

126.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. David M. Koll, LUTCF  
Mailing Address 1612 S. 152nd Street

City State Zip Code  
Omaha NE 68144-5121

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678808

Amount of Each Receipt this Period

105.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard A. Koob, CLU, ChFC,  
Mailing Address 301 Frederick Street

City State Zip Code  
Waukesha WI 53186-8116

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679044

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

281.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. David T. Koppa, CLU, LUTCF  
Mailing Address 1105 Via Bolzano

City State Zip Code  
Santa Barbara CA 93111

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678786

Amount of Each Receipt this Period

42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Dean Raymond Kortge, CLU  
Mailing Address 5330 Nectar Way

City State Zip Code  
Eugene OR 97405-4647

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 3 / 2 0 0 7

Transaction ID: R1681877

Amount of Each Receipt this Period

250.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. George C. Kosmos, Jr., CLU  
Mailing Address The Highlands

City State Zip Code  
Seattle WA 98177

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 0 7

Transaction ID: R1681730

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional) .....

542.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. William P. Krause, CLU, ChFC  
Mailing Address 1765 Elbow Lane

City State Zip Code  
Allentown PA 18103-9654

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: R1682089

Amount of Each Receipt this Period

250.00

Credit Card

**B.** Full Name (Last, First, Middle Initial)  
Mr. W Gary Langenhahn, CLU, ChFC,  
Mailing Address 2 Briars Corners

City State Zip Code  
Briarcliff Manor NY 10510-7350

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1681546

Amount of Each Receipt this Period

250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Thomas R. Laster, RHU  
Mailing Address 1713 Elmhurst Ave

City State Zip Code  
Nichols Hills OK 73120

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679693

Amount of Each Receipt this Period

50.40

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

550.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. John M. Lawler, LUTCF

Mailing Address 401 Penny St

City State Zip Code  
Tea SD 57064-2322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 0 7

Transaction ID: R1681804

Amount of Each Receipt this Period

100.00

Credit Card

B. Full Name (Last, First, Middle Initial)

Mr. John M. Lawler, LUTCF

Mailing Address 401 Penny St

City State Zip Code  
Tea SD 57064-2322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 7 / 2 0 0 7

Transaction ID: R1681809

Amount of Each Receipt this Period

325.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Mr. Daniel L. Lawrence

Mailing Address 5553 Peters Drive

City State Zip Code  
West Bend WI 53095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678107

Amount of Each Receipt this Period

51.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

476.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Dennis A. Lawton, CLU

Mailing Address 1138 S Holt Avenue

City State Zip Code  
 Los Angeles CA 90035-2488

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 5 / 2 0 0 7

Transaction ID: R1681857

Amount of Each Receipt this Period

300.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Larry R. Lee, CLU, ChFC

Mailing Address 25106 Cineria

City State Zip Code  
 Lake Forest CA 92630-3307

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 0 / 2 0 0 7

Transaction ID: R1682066

Amount of Each Receipt this Period

500.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Mr. Lanny D. Levin, CLU, ChFC

Mailing Address 313 Laurel

City State Zip Code  
 Highland Park IL 60035-2619

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679444

Amount of Each Receipt this Period

42.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

842.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. T. Leslie Littleton, LUTCF, CLU

Mailing Address 1025 E. Austin

City State Zip Code  
 Nacogdoches TX 75965-2964

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679762

Amount of Each Receipt this Period

42.50

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. J. David Loftus, HIA, FIC, LU

Mailing Address 11110 S. Foxmoor Dr.

City State Zip Code  
 Sandy UT 84092-5250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 8 / 2 0 0 7

Transaction ID: R1681699

Amount of Each Receipt this Period

150.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Lawrence E. Lounds

Mailing Address 2477 Valley Oaks Circle

City State Zip Code  
 Flint MI 48532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679793

Amount of Each Receipt this Period

105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

297.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mrs. Patricia S. Lucas, CLU, CLTC, L

Mailing Address 8375 Starlight Lane

City State Zip Code  
 Boones Mill VA 24065-1909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678549

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Glenford B. Malcolm, Sr.

Mailing Address P. O. Box 822315

City State Zip Code  
 South Florida FL 33082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679806

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. David J. Malone, CLU, ChFC

Mailing Address 251 Timothy Drive

City State Zip Code  
 Pittsburgh PA 15222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 7 / 2 0 0 7

Transaction ID: R1681486

Amount of Each Receipt this Period

250.00

Check

SUBTOTAL of Receipts This Page (optional) .....

334.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Joseph J. Maltese, CFP

Mailing Address 4176 Arikakee Court

City State Zip Code  
 Jacksonville FL 32223

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678277

Amount of Each Receipt this Period

42.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Leonard Martin, CSA

Mailing Address 98 Tennyson Rd

City State Zip Code  
 Warwick RI 02888

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678736

Amount of Each Receipt this Period

50.40

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Roosevelt Maske, LUTC

Mailing Address 5515 Fairvista Drive

City State Zip Code  
 Charlotte NC 28269-0633

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.60

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 9 / 2 0 0 7

Transaction ID: R1681957

Amount of Each Receipt this Period

143.00

Check

SUBTOTAL of Receipts This Page (optional) .....

235.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Darren Scott Mason, CLU, ChFC

Mailing Address 178 Shorecliff Rd

City State Zip Code  
 Corona Del Mar CA 92625-2648

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.30

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679248

Amount of Each Receipt this Period

41.66

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Mervyn J. Matorian, CLU, ChFC, C

Mailing Address 1931 Spode Ave

City State Zip Code  
 Henderson NV 89014-3795

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 3 / 2 0 0 7

Transaction ID: R1681869

Amount of Each Receipt this Period

600.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Mr. Carl James Maus, LUTC

Mailing Address 432 Fort Saratoga

City State Zip Code  
 Saint Charles MO 63303-1766

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679753

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

692.06

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. James L. McConathy, Jr.

Mailing Address 706 Trenton St., Apt. 6

City State Zip Code  
 West Monroe LA 71291

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677975

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B.** Mr. William K. McGreevy, CLU, LUTCF

Mailing Address 4705 South Lewis Avenue

City State Zip Code  
 Sioux Falls SD 57103-5413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 5 / 2 0 0 7

Transaction ID: R1681651

Amount of Each Receipt this Period

117.50

Check

Full Name (Last, First, Middle Initial)

**C.** Mr. William K. McGreevy, CLU, LUTCF

Mailing Address 4705 South Lewis Avenue

City State Zip Code  
 Sioux Falls SD 57103-5413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 7 / 2 0 0 7

Transaction ID: R1681827

Amount of Each Receipt this Period

250.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) .....

417.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Charles E. McIntyre, CLU, ChFC

Mailing Address 5514 Old Ocean Boulevard

City State Zip Code  
 Ocean Ridge FL 33435

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 4 / 2 0 0 7

Transaction ID: R1681619

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Mr. Dennis R. Merideth, CLU, ChFC

Mailing Address 6210 N. Camino Pimeria Alta

City State Zip Code  
 Tucson AZ 85718

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678964

Amount of Each Receipt this Period

66.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. David A. Middaugh, CLU, AEP

Mailing Address 3273 Evergreen Road

City State Zip Code  
 Fargo ND 58102-1214

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679751

Amount of Each Receipt this Period

126.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

442.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. Dennis L. Miller, LUTCF, CLU

Mailing Address 649 State Road  
P.O. Box 186

City State Zip Code  
Vassar MI 48768

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678377

Amount of Each Receipt this Period

42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. James E. Mitchell, LUTCF, CTP

Mailing Address 2209 Ontario

City State Zip Code  
Bellingham WA 98229-4027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677388

Amount of Each Receipt this Period

60.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. James E. Mitchell, LUTCF, CTP

Mailing Address 2209 Ontario

City State Zip Code  
Bellingham WA 98229-4027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: R1681967

Amount of Each Receipt this Period

75.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

177.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Martin Montefel, CLU  
Mailing Address 16932 SW 5th Way

City State Zip Code  
Weston FL 33326-1564

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679381

Amount of Each Receipt this Period

50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. James W. Monteverde  
Mailing Address WaterWorks Road

City State Zip Code  
Sewickley PA 15143

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679824

Amount of Each Receipt this Period

50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert J. Morales, LUTCF, CLT  
Mailing Address 1125 Wyoming Avenue

City State Zip Code  
Reno NV 89503-3342

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677275

Amount of Each Receipt this Period

60.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Raymond H. Moran, CLU, ChFC  
Mailing Address 5463 Irvin Park Cove

City State Zip Code  
Memphis TN 38119

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679572

Amount of Each Receipt this Period

42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr Joseph L Morton, III,JD  
Mailing Address 5487 N. Bach

City State Zip Code  
Meridian ID 83642

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1676283

Amount of Each Receipt this Period

126.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr Joseph L Morton, III,JD  
Mailing Address 5487 N. Bach

City State Zip Code  
Meridian ID 83642

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

672.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 7

Transaction ID: R1682040

Amount of Each Receipt this Period

42.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

210.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Robert M. Nelson, CLU, LUTCF

Mailing Address 14712 Shirley Street

City State Zip Code  
Omaha NE 68144-2144

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679756

Amount of Each Receipt this Period

50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert S. Neumann, CLU, RHU

Mailing Address 10468 S.W. 78 Street

City State Zip Code  
Miami FL 33173-2909

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: R1681709

Amount of Each Receipt this Period

250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. John F. Nichols, CLU, DIA

Mailing Address 1331 W Norwood Avenue

City State Zip Code  
Chicago IL 60660

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677130

Amount of Each Receipt this Period

42.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

342.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Ms. Shirley A. Nielsen, LUTCF, CLU  
Mailing Address 2817 Circle Drive

City State Zip Code  
Grand Island NE 68801

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679748

Amount of Each Receipt this Period

50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Frank R. Nolimal, CLU, ChFC,  
Mailing Address 2017 Grafton Ave

City State Zip Code  
Henderson NV 89014

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679667

Amount of Each Receipt this Period

60.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Brian E. O'Brien, CLU, ChFC, L  
Mailing Address 1651 Wolf Run Dr.

City State Zip Code  
Richfield WI 53076

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1676901

Amount of Each Receipt this Period

60.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

170.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. James W. Oglesby, LUTCF

Mailing Address P. O. Box 7156

City State Zip Code  
 Asheville NC 28802-7156

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679582

Amount of Each Receipt this Period

143.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. Rex W Oliver

Mailing Address 1173 South 250 West  
Suite 201

City State Zip Code  
 Saint George UT 84770

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1676292

Amount of Each Receipt this Period

42.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Ms. Rae Lee Olson

Mailing Address 218 N El Monte Ave

City State Zip Code  
 Los Altos CA 94022-2354

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679730

Amount of Each Receipt this Period

42.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

228.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Mitchell W. Ostrove, CLU, ChFC  
Mailing Address 4 New King Street

City State Zip Code  
White Plains NY 10604-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678812

Amount of Each Receipt this Period

42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Gary M. Owens, LUTCF  
Mailing Address PO Box 835

City State Zip Code  
Sultan WA 98294

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677337

Amount of Each Receipt this Period

42.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Roger L. Owens, LUTCF, RHU  
Mailing Address 51 Lance Ct

City State Zip Code  
Elkton MD 21921-7219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677276

Amount of Each Receipt this Period

42.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

126.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Aldous Kawaiiani Paalani

Mailing Address 2219 Kaululaau Street

City State Zip Code  
Honolulu HI 96813-1230

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679089

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B.** Mr. Joseph S. Pantozzi, CLU, ChFC

Mailing Address PO Box 95063

City State Zip Code  
Las Vegas NV 89193

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679345

Amount of Each Receipt this Period

60.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C.** Mr. Barton C. Pasco, CLU, ChFC,

Mailing Address 309 Running Cedar Lane

City State Zip Code  
Richmond VA 23229

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

267.50

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679411

Amount of Each Receipt this Period

50.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

160.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Ms. Debbie K. Paul, CLU, ChFC

Mailing Address 4001 MacArthur Blvd Suite 300

City State Zip Code  
 Newport Beach CA 92660-2510

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679251

Amount of Each Receipt this Period

42.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B.** Mr. Bradley A. Peete, CFP, CLU, Ch

Mailing Address 100 Elmwood Terrace

City State Zip Code  
 Greensboro NC 27408

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: R1682076

Amount of Each Receipt this Period

275.00

Credit Card

Full Name (Last, First, Middle Initial)

**C.** Mr. Gary H. Pendleton, CLU, ChFC

Mailing Address 2601 Oberlin Rd

City State Zip Code  
 Raleigh NC 27608-1319

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.15

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678959

Amount of Each Receipt this Period

45.83

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

363.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Brian R. Phares, LIC, RFC  
Mailing Address 1420 Hackberry Road

City State Zip Code  
North Platte NE 69101-6841

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679745

Amount of Each Receipt this Period

47.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. R. Jan Pinney, CLU, ChFC,  
Mailing Address 5152 Ellington Court

City State Zip Code  
Granite Bay CA 95746-7188

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678819

Amount of Each Receipt this Period

208.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Henry L Prien, CLU, LUTCF  
Mailing Address 415 38th St S Ste E

City State Zip Code  
Fargo ND 58103-1190

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.20

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679636

Amount of Each Receipt this Period

50.40

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

305.90

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Craig L. Quinlan, CLU  
Mailing Address 3430 Yorkshire Ct

City State Zip Code  
Palatine IL 60067

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1676142

Amount of Each Receipt this Period

42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Edward F. Randolph  
Mailing Address 1515 Mill Bay Road

City State Zip Code  
Kodiak AK 99615-6233

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1676808

Amount of Each Receipt this Period

42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Richard L. Randolph, LUTCF  
Mailing Address 612 - 12th Ave.

City State Zip Code  
Fairbanks AK 99701-4643

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 2 / 2 0 0 7

Transaction ID: R1681848

Amount of Each Receipt this Period

250.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) .....

334.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lawrence B. Raymond

Mailing Address 230 Woodberry Dr

City State Zip Code  
Bloomfield Hills MI 48304-3561

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 0 7

Transaction ID: R1681687

Amount of Each Receipt this Period

500.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Ms. Lynda L. Regan

Mailing Address 351 Hicks Valley Rd

City State Zip Code  
Petaluma CA 94952-9485

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 9 / 2 0 0 7

Transaction ID: R1681911

Amount of Each Receipt this Period

250.00

Check

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert W. Rensing, LUTCF

Mailing Address 2515 S. 105th Ave

City State Zip Code  
Omaha NE 68124-1825

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677408

Amount of Each Receipt this Period

42.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

792.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. August P. Richter, IV, LUTCf,  
Mailing Address 401 Wild Oak Drive

City State Zip Code  
Manitowoc WI 54220-9054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1676971

Amount of Each Receipt this Period

50.40

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Richard R. Rios, CLU, ChFC  
Mailing Address 8720 El Chapul Way

City State Zip Code  
Fair Oaks CA 95628-5454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1676770

Amount of Each Receipt this Period

50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Robert M. Roach, CLU, ChFC  
Mailing Address 1287 Harrison Pond Drive

City State Zip Code  
New Albany OH 43054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

587.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679049

Amount of Each Receipt this Period

117.50

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

217.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Michael Rosenzweig, CLU, ChFC,

Mailing Address 13 Augusta Lane

City State Zip Code  
 Manhasset NY 11030-3909

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: R1681991

Amount of Each Receipt this Period

250.00

Check

Full Name (Last, First, Middle Initial)

B. Mr. D. David Russell

Mailing Address 8461 Eagle Preserve Way

City State Zip Code  
 Sarasota FL 34241-9449

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1676890

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. Daniel L. Rust, LUTCF

Mailing Address 114 W. Arnold

City State Zip Code  
 Bozeman MT 59715-6129

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678856

Amount of Each Receipt this Period

60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

360.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Daniel J. Scholz, CLU, ChFC

Mailing Address 1510 So. 183 Circle

City State Zip Code  
 Omaha NE 68130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

355.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679594

Amount of Each Receipt this Period

105.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Monte R. Scott, LUTCF

Mailing Address 2804 SW Ridge Drive

City State Zip Code  
 Portland OR 97219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 9 / 2 0 0 7

Transaction ID: R1681900

Amount of Each Receipt this Period

250.00

Check

C. Full Name (Last, First, Middle Initial)

Mr. Walter J. Scott, CLU

Mailing Address 1022 WASHINGTON AVE.

City State Zip Code  
 OSHKOSH WI 54901-5354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678992

Amount of Each Receipt this Period

50.40

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

405.40

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Troy J. Shreve, CLU  
Mailing Address 7100 S 45th Street

City State Zip Code  
Lincoln NE 68516-3016

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679184

Amount of Each Receipt this Period

42.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. James John Silbernagel, LUTCF, CFP  
Mailing Address W 2329 Capital Drive

City State Zip Code  
Campbellsport WI 53010-3010

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677503

Amount of Each Receipt this Period

60.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Ken Simons, CLU, ChFC,  
Mailing Address 808 Thoroughbred Lane

City State Zip Code  
Artesia NM 88210-2232

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679086

Amount of Each Receipt this Period

50.10

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

152.10

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. H. Dan Smith, CLU, LUTCF

Mailing Address 1616 Rio Vista

City State Zip Code  
 Dallas TX 75208-2338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678861

Amount of Each Receipt this Period

210.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Michael T. Smith, LUTCF

Mailing Address 2217 Stony Ridge Dr.

City State Zip Code  
 Waukesha WI 53186

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 7 / 2 0 0 7

Transaction ID: R1681800

Amount of Each Receipt this Period

540.00

Credit Card

C. Full Name (Last, First, Middle Initial)

Mr. Russell A. Smith

Mailing Address 22928 San Joaquin Drive East

City State Zip Code  
 Canyon Lake CA 92587-7831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678885

Amount of Each Receipt this Period

208.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

958.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. David E. Smithkey, CLU, RFC

Mailing Address 9451 Heddy Drive

City State Zip Code  
 Flushing MI 48433

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678907

Amount of Each Receipt this Period

208.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B.** Mr. Mark V. Snider, ChFC

Mailing Address 44 Elmwood Place

City State Zip Code  
 Athens OH 45701-1904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679445

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C.** Ms. Marian Sole, CLU, ChFC

Mailing Address 42 Three Mile Course

City State Zip Code  
 Guilford CT 06437

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 3 / 2 0 0 7

Transaction ID: R1681450

Amount of Each Receipt this Period

400.00

Check

**SUBTOTAL** of Receipts This Page (optional) .....

650.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Ms. Sharon L. Sparling, CIC

Mailing Address P.O. Box 1914

City State Zip Code  
 Mount Vernon WA 98273-1914

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677557

Amount of Each Receipt this Period

45.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B.** Mr. Walter C. Sprye, Jr., CLU, C

Mailing Address 101 Stoney Brook Rd.

City State Zip Code  
 Rocky Mount NC 27804

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679548

Amount of Each Receipt this Period

46.20

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C.** Mr. Fred T. Stack

Mailing Address 15402 Manning Dr.

City State Zip Code  
 Tampa FL 33613

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 1 / 2 0 0 7

Transaction ID: R1681719

Amount of Each Receipt this Period

250.00

CA

**SUBTOTAL** of Receipts This Page (optional) .....

341.20

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. Lawrence Stack, CLU, ChFC

Mailing Address 28411 Northwestern Hwy Ste 1300

City State Zip Code  
 Southfield MI 48034-5543

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678932

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Full Name (Last, First, Middle Initial)

Mr. Angelo T. Stath

Mailing Address 7821 Massachusetts

City State Zip Code  
 Merrillville IN 46410-5531

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679799

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Mr. Nicholas John Stosic

Mailing Address 9820 Dixon Lane

City State Zip Code  
 Reno NV 89511-9455

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679507

Amount of Each Receipt this Period

126.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

226.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. David L. Stratton, CLU, ChFC,

Mailing Address 13115 Beach Cir.

City

Anchorage

State

AK

Zip Code

99515-3748

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679366

Amount of Each Receipt this Period

105.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. David L. Stratton, CLU, ChFC,

Mailing Address 13115 Beach Cir.

City

Anchorage

State

AK

Zip Code

99515-3748

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 0 7

Transaction ID: R1681701

Amount of Each Receipt this Period

55.00

Check

Full Name (Last, First, Middle Initial)

C. Mr. Steven M. Stratton, LUTCF, CSA

Mailing Address 17131 Parkview Dr

City

Morgan Hill

State

CA

Zip Code

95037-6606

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677253

Amount of Each Receipt this Period

105.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

265.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Michael W. Struebing, LUTCF, CLU

Mailing Address 16112 Parker Street

City State Zip Code  
Omaha NE 68118-2429

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1676856

Amount of Each Receipt this Period

42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Robert A. Styrkiewicz, CLU, LUTCF

Mailing Address 25 Monterey Drive

City State Zip Code  
Vernon Hills IL 60061-2332

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677417

Amount of Each Receipt this Period

56.50

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Stephen G. Summerlin, CFP

Mailing Address 4014 N. W. 15th Street

City State Zip Code  
Gainesville FL 32605-1912

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679434

Amount of Each Receipt this Period

42.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

141.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Dennis P. Sunderman, CSA

Mailing Address 2325 Jeans Ct

City State Zip Code

Signal Hill CA 90755

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677137

Amount of Each Receipt this Period

105.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Dennis P. Sunderman, CSA

Mailing Address 2325 Jeans Ct

City State Zip Code

Signal Hill CA 90755

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 5 / 2 0 0 7

Transaction ID: R1681779

Amount of Each Receipt this Period

-105.00

RT

Full Name (Last, First, Middle Initial)

C. Mr. Joseph A. Sztapka

Mailing Address 3705 S. Judy Ave

City State Zip Code

Sioux Falls SD 57103-7248

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation

Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677097

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

50.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Mr. Jeffrey J. Taggart		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 1107 Cedar Ln. P.O. Box 2433		<b>Transaction ID:</b> R1679467
City Cody	State WY	Zip Code 82414-2433
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Mr. Matthew S. Tassey		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 5 Reggio Ave.		<b>Transaction ID:</b> R1679848
City Old Orchard Beach	State ME	Zip Code 04064-2709
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 72.00
Name of Employer Self-employed	Occupation Insurance Agent	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Mr. Michael G. Taylor, CLU, ChFC		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 543 Auwina Street		<b>Transaction ID:</b> R1681886
City Kailua	State HI	Zip Code 96734-3426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Self-employed	Occupation Insurance Agent	Check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

247.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. Benson B. Terrell, Jr., CFP

Mailing Address 9261 Lanier Rd

City State Zip Code  
 Lake Charles LA 70605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

234.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677101

Amount of Each Receipt this Period

50.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. Earl A. Thompson, RFC, LUTCF

Mailing Address 21014 Pricewood Manor Ct.

City State Zip Code  
 Cypress TX 77433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1676814

Amount of Each Receipt this Period

42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. Brad Tison, CLU, ChFC,

Mailing Address 3216 Southern Woods Drive

City State Zip Code  
 Des Moines IA 50321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1676773

Amount of Each Receipt this Period

50.40

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

142.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

A. Full Name (Last, First, Middle Initial)

Mr. James Tucker, CLU

Mailing Address P. O. Box 470397

City State Zip Code  
 Fort Worth TX 76147-0397

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 5 / 2 0 0 7

Transaction ID: R1681628

Amount of Each Receipt this Period

250.00

Check

B. Full Name (Last, First, Middle Initial)

Mrs. Lynda D. Turner, LUTCF

Mailing Address 1070 South Bosque Loop

City State Zip Code  
 Bosque Farms NM 87068-9063

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679534

Amount of Each Receipt this Period

45.00

Payroll Deduction

C. Full Name (Last, First, Middle Initial)

Ms. Charmaine Uhrig, LUTCF

Mailing Address RR 1 Box 273A

City State Zip Code  
 Minatare NE 69356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677712

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

337.50

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)

Mr. Howard Raymond Utz, LUTCF

Mailing Address PO Box 480

City State Zip Code  
Mars PA 16046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679402

Amount of Each Receipt this Period

42.50

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)

Mr. Richard D. Vonderlage, CSA, LUTCF

Mailing Address 15202 Sprague St

City State Zip Code  
Omaha NE 68116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679222

Amount of Each Receipt this Period

42.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)

Mr. Mark R. Warren, LUTCF

Mailing Address 3603 Grandview

City State Zip Code  
Plainview TX 79072-6625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679707

Amount of Each Receipt this Period

42.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

126.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Carolyn R. Watson, LUTCF

Mailing Address 2032 Hollis

City State Zip Code  
 Abilene TX 79605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677265

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Mr. Charles A. Webb

Mailing Address 2516 Longview Ave.

City State Zip Code  
 Roanoke VA 24014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1676655

Amount of Each Receipt this Period

42.50

Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Mr. S. Mark Weeks, LUTCF, CLU

Mailing Address 1389 South 500 East

City State Zip Code  
 Salt Lake City UT 84105-2043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679589

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

142.50

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Matthew C. Weider, CLU, ChFC

Mailing Address 6855 Compton Heights Circle

City State Zip Code  
 Clifton VA 20124

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1676531

Amount of Each Receipt this Period

50.40

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B.** Mr. Daniel J. Wells, LUTCF

Mailing Address 18830 Los Hermanos Ranch Rd

City State Zip Code  
 Valley Center CA 92082-6808

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677299

Amount of Each Receipt this Period

45.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C.** Mr. Daniel J. Wells, LUTCF

Mailing Address 18830 Los Hermanos Ranch Rd

City State Zip Code  
 Valley Center CA 92082-6808

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 0 / 2 0 0 7

Transaction ID: R1682070

Amount of Each Receipt this Period

50.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) .....

145.40

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Lester E. Westgard, CLU  
Mailing Address 2714 26th Ave SW

City State Zip Code  
 Fargo ND 58103-5006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1676889

Amount of Each Receipt this Period

60.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. William T. Whitmore, Jr., LUTC  
Mailing Address P. O. Box 4748

City State Zip Code  
 Virginia Beach VA 23454-0748

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678948

Amount of Each Receipt this Period

50.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Irv Wiese, CLU, ChFC,  
Mailing Address 318 Stamford Bridge Rd

City State Zip Code  
 Columbia SC 29212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677477

Amount of Each Receipt this Period

42.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

152.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. Boyd Lee Williams  
Mailing Address 7023 W. Williamette Ave

City State Zip Code  
Kennewick WA 99336-1280

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677213

Amount of Each Receipt this Period

105.00

Payroll Deduction

**B.** Full Name (Last, First, Middle Initial)  
Mr. Cliff F. Wilson, CLU, ChFC,  
Mailing Address 1458 W. Bahia Court

City State Zip Code  
Gilbert AZ 85233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1676745

Amount of Each Receipt this Period

126.00

Payroll Deduction

**C.** Full Name (Last, First, Middle Initial)  
Mr. Larry J. Winkelhake, CLU, ChFC  
Mailing Address 18600 Longview Ct

City State Zip Code  
Brookfield WI 53045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678973

Amount of Each Receipt this Period

90.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

321.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Barry L. Wolfe, CLU

Mailing Address 22578 Flamingo Street

City State Zip Code  
 Woodland Hills CA 91364-4916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 0 3 / 2 0 0 7

Transaction ID: R1681453

Amount of Each Receipt this Period

500.00

Credit Card

Full Name (Last, First, Middle Initial)

**B.** Mr. Benjamin Bunn Woodard, Jr.

Mailing Address 109 Bristol Court

City State Zip Code  
 Rocky Mount NC 27803-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

233.75

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677321

Amount of Each Receipt this Period

46.75

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C.** Mr. Edward A. Zabielski, Jr.

Mailing Address 104 Clay Ct.

City State Zip Code  
 Landenberg PA 19350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679822

Amount of Each Receipt this Period

105.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) .....

651.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Mr. Charles D. Zaleski, CLU, ChFC

Mailing Address 28400 Ridgethorpe Ct

City State Zip Code  
Rancho Palos Verde CA 90275-3258

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1679053

Amount of Each Receipt this Period

42.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**B.** Mr. Alan R. Zalewski, CLU, ChFC,

Mailing Address 6908 North 27th Street

City State Zip Code  
Tacoma WA 98407-1002

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 0 7

Transaction ID: R1677552

Amount of Each Receipt this Period

50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)

**C.** Mr. Larry A. Zech

Mailing Address 1047 Bishop St

City State Zip Code  
San Luis Obispo CA 93401-4552

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employed

Occupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 7

Transaction ID: R1681662

Amount of Each Receipt this Period

250.00

Credit Card

**SUBTOTAL** of Receipts This Page (optional) .....

342.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 100

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mr. David G. Zick, CLU, ChFC

Mailing Address 851 Adams Court

City State Zip Code  
 Bloomfield Hills MI 48304

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 2 1 / 2 0 0 7

Transaction ID: R1681769

Amount of Each Receipt this Period

625.00

Check

**B.** Full Name (Last, First, Middle Initial)  
Mr. Stephen C. Zito, RFC, RFP,M

Mailing Address 513 Shadow Cove Ln

City State Zip Code  
 Clover SC 29710-6012

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 3 1 / 2 0 0 7

Transaction ID: R1682080

Amount of Each Receipt this Period

550.00

Credit Card

**C.** Full Name (Last, First, Middle Initial)  
Mr. Theodore J. Zouzounis, CLU

Mailing Address 820 Mariposa Rd

City State Zip Code  
 Lafayette CA 94549

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-employedOccupation  
Insurance Agent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

212.50

Date of Receipt

M M / D D / Y Y Y Y  
 0 5 / 1 0 / 2 0 0 7

Transaction ID: R1678947

Amount of Each Receipt this Period

42.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional) .....

1217.50

TOTAL This Period (last page this line number only) .....

31638.21



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 89 / 100

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. First Union Bank**

Mailing Address One First Union Center

City Charlotte State NC Zip Code 28288-1164

Purpose of Disbursement

Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D9353

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

516.57

## **B. NAIFA**

Full Name (Last, First, Middle Initial)

Mailing Address 2901 Telestar Court

City Falls Church State VA Zip Code 22042-1205

Purpose of Disbursement  
Payroll, Benefits, Supplies, Copies,

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D9352

Date of Disbursement

05 / 29 / 2007

Amount of Each Disbursement this Period

25607.97

etc.

**SUBTOTAL** of Disbursements This Page (optional) .....

26124.54

**TOTAL** This Period (last page this line number only) .....

26124.54

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 100

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Akaka for Senate in 2006

Mailing Address Post Office Box 3169

City Honolulu State HI Zip Code 96802

Purpose of Disbursement  
Contr. Daniel Kahikina Akaka (HI-D-US)

Candidate Name  
Daniel Kahikina Akaka

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: HI District:

Transaction ID: D9318

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

2000.00

Senate)

Full Name (Last, First, Middle Initial)

**B.** Allyson Schwartz for Congress

Mailing Address P.O. Box 45706

City Philadelphia State PA Zip Code 19149

Purpose of Disbursement  
Contr. Allyson Y. Schwartz (PA-13-D-US)

Candidate Name  
Allyson Y. Schwartz

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: D9303

Date of Disbursement

05 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

House)

Full Name (Last, First, Middle Initial)

**C.** Bachmann for Congress

Mailing Address PO Box 49756

City Blaine State MN Zip Code 55449

Purpose of Disbursement  
Contr. Michele Bachmann (MN-6-R-US)

Candidate Name  
Michele Bachmann

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MN District: 06

Transaction ID: D9289

Date of Disbursement

05 / 01 / 2007

Amount of Each Disbursement this Period

2500.00

House)

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 91 / 100

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Bachus for Congress

Mailing Address P O Box 59444

City Birmingham State AL Zip Code 35259

Purpose of Disbursement  
Contr. Spencer Thomas Bachus, III

Candidate Name  
Spencer Thomas Bachus, III

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AL District: 06

Transaction ID: D9291

Date of Disbursement

05 / 01 / 2007

Amount of Each Disbursement this Period

5000.00

(AL-6-R-US House)

Full Name (Last, First, Middle Initial)

**B.** Brad Miller Congressional Campaign

Mailing Address PO Box 20307

City Raleigh State NC Zip Code 27619

Purpose of Disbursement  
Contr. Bradley Miller (NC-13-D-US House)

Candidate Name  
Bradley Miller

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 13

Transaction ID: D9292

Date of Disbursement

05 / 01 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Brown-Waite for Congress

Mailing Address 704 Ponce De Leon Blvd

City Brooksville State FL Zip Code 34601

Purpose of Disbursement  
Contr. Virginia Brown-Waite (FL-5-R-US)

Candidate Name  
Virginia Brown-Waite

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 05

Transaction ID: D9302

Date of Disbursement

05 / 03 / 2007

Amount of Each Disbursement this Period

2500.00

House)

**SUBTOTAL** of Disbursements This Page (optional) .....

9500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 92 / 100

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Cantor for Congress

Mailing Address P. O. Box 17813

City  
Richmond

State  
VA

Zip Code  
23226

Purpose of Disbursement  
Contr. Eric I. Cantor (VA-7-R-US House)

Candidate Name  
Eric I. Cantor

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: D9293

Date of Disbursement

05 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Citizens for Tom Petri

Mailing Address P.O. Box 270

City  
Fond Du Lac

State  
WI

Zip Code  
54936

Purpose of Disbursement  
Contr. Thomas E. Petri (WI-6-R-US House)

Candidate Name  
Thomas E. Petri

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 06

Transaction ID: D9307

Date of Disbursement

05 / 09 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Clay Jr. for Congress

Mailing Address 625 N Euclid Avenue, Suite 200

City  
St. Louis

State  
MO

Zip Code  
63108

Purpose of Disbursement  
Contr. William Lacy Clay, Jr. (MO-1-D-US

Candidate Name  
William Lacy Clay, Jr.

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 01

Transaction ID: D9310

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

1000.00

House)

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 100

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Clyburn for Congress

Mailing Address P.O. Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement  
Contr. James E. Clyburn (SC-6-D-US)

Candidate Name  
James E. Clyburn

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 06

Transaction ID: D9301

Date of Disbursement

05 / 03 / 2007

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

**B.** Dan Burton for Congress

Mailing Address Box 50593

City Indianapolis State IN Zip Code 46250

Purpose of Disbursement  
Contr. Dan Burton (IN-5-R-US House)

Candidate Name  
Dan Burton

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 05

Transaction ID: D9308

Date of Disbursement

05 / 09 / 2007

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Forbes for Congress

Mailing Address PO Box 15100

City Chesapeake State VA Zip Code 23328

Purpose of Disbursement  
Contr. J. Randy Forbes (VA-4-R-US House)

Candidate Name  
J. Randy Forbes

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 04

Transaction ID: D9297

Date of Disbursement

05 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 94 / 100

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Friends of Mike Ferguson**

Mailing Address 16 Mount Bethel Road Suite 353

City Warren State NJ Zip Code 07059

Purpose of Disbursement  
Contr. Mike Ferguson (NJ-7-R-US House)Candidate Name  
Mike FergusonCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: D9306

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	7

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Garrett for Congress**

Mailing Address PO Box 905

City Newton State NJ Zip Code 07860

Purpose of Disbursement  
Contr. Scott Garrett (NJ-5-R-US House)Candidate Name  
Scott GarrettCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 05

Transaction ID: D9304

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	0	7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Gordon Smith for US Senate**

Mailing Address 5285 SW Meadows Road #181

City Lake Oswego State OR Zip Code 97035

Purpose of Disbursement  
Contr. Gordon H. Smith (OR-R-US Senate)Candidate Name  
Gordon H. SmithCategory/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District:

Transaction ID: D9299

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	0	7

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

8500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 95 / 100

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Ken Calvert For Congress

Mailing Address PO Box 1414

City Riverside State CA Zip Code 92502

Purpose of Disbursement  
Contr. Ken Calvert (CA-44-R-US House)

Candidate Name  
Ken Calvert

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 44

Transaction ID: D9314

Date of Disbursement

05 / 21 / 2007

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B.** Lee Terry for Congress

Mailing Address P.O. Box 540098

City Omaha State NE Zip Code 68154

Purpose of Disbursement  
Contr. Lee Terry (NE-2-R-US House)

Candidate Name  
Lee Terry

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE District: 02

Transaction ID: D9315

Date of Disbursement

05 / 22 / 2007

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** LoBiondo for Congress

Mailing Address PO Box 775

City Marmora State NJ Zip Code 08223

Purpose of Disbursement  
Contr. Frank A. LoBiondo (NJ-2-R-US

Candidate Name  
Frank A. LoBiondo

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 02

Transaction ID: D9296

Date of Disbursement

05 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

House)

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 96 / 100

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Maloney for Congress**

Mailing Address 49 East 92nd Street

City State Zip Code  
New York NY 10128

Purpose of Disbursement  
Contr. Carolyn B. Maloney (NY-14-D-US)

Candidate Name  
Carolyn B. Maloney

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 14

Transaction ID: D9317

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

House)

Full Name (Last, First, Middle Initial)

**B. Nelson 2012**

Mailing Address PO Box 8666

City State Zip Code  
Omaha NE 68108

Purpose of Disbursement  
Contr. Ben Nelson (NE-D-US Senate)

Candidate Name  
Ben Nelson

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE District:

Transaction ID: D9294

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Porter for Congress**

Mailing Address PO Box 26087

City State Zip Code  
Las Vegas NV 89126

Purpose of Disbursement  
Contr. Jon C. Porter (NV-3-R-US House)

Candidate Name  
Jon C. Porter

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 03

Transaction ID: D9288

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 97 / 100

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Rob Andrews For Congress

Mailing Address Ellisburg Plaza  
20 Brace Street, Suite 200

City Cherry Hill State NJ Zip Code 08034

Purpose of Disbursement  
Contr. Robert E. Andrews (NJ-1-D-US)

Candidate Name  
Robert E. Andrews

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 01

Transaction ID: D9295

Date of Disbursement

05 / 01 / 2007

Amount of Each Disbursement this Period

1000.00

House)

Full Name (Last, First, Middle Initial)

**B.** Rob Andrews For Congress

Mailing Address Ellisburg Plaza  
20 Brace Street, Suite 200

City Cherry Hill State NJ Zip Code 08034

Purpose of Disbursement  
Contr. Robert E. Andrews (NJ-1-D-US)

Candidate Name  
Robert E. Andrews

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 01

Transaction ID: D9298

Date of Disbursement

05 / 02 / 2007

Amount of Each Disbursement this Period

1500.00

House)

Full Name (Last, First, Middle Initial)

**C.** Roskam for Congress Committee

Mailing Address 423 W. Wesley Street

City Wheaton State IL Zip Code 60189

Purpose of Disbursement  
Contr. Peter Roskam (IL-6-R-US House)

Candidate Name  
Peter Roskam

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: D9290

Date of Disbursement

05 / 01 / 2007

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 98 / 100

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Salazar for Senate

Mailing Address 1100 Bancroft Street

City State Zip Code  
Denver CO 80204

Purpose of Disbursement  
Contr. Ken L. Salazar (CO-D-US Senate)

Candidate Name  
Ken L. Salazar

Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District:

Transaction ID: D9305

Date of Disbursement

05 / 09 / 2007

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.** Tiberi for Congress

Mailing Address 2021 E. Dublin Granville Rd # 2000  
Suite 2000

City State Zip Code  
Columbus OH 43229

Purpose of Disbursement  
Contr. Patrick J. Tiberi (OH-12-R-US)

Candidate Name  
Patrick J. Tiberi

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: D9287

Date of Disbursement

05 / 01 / 2007

Amount of Each Disbursement this Period

5000.00

House)

Full Name (Last, First, Middle Initial)

**C.** Tom Davis For Congress

Mailing Address P.O. Box 483

City State Zip Code  
Dunn Loring VA 22027

Purpose of Disbursement  
Contr. Thomas M. Davis, III (VA-11-R-US)

Candidate Name  
Thomas M. Davis, III

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 11

Transaction ID: D9316

Date of Disbursement

05 / 23 / 2007

Amount of Each Disbursement this Period

2500.00

House)

**SUBTOTAL** of Disbursements This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

58000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 99 / 100

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mr. Richard L. Hoover

Mailing Address 2920 S. Jones Blvd., #110A

City  
Las Vegas

State  
NV

Zip Code  
89146

Purpose of Disbursement  
Refund to Individual

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D9309

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

1000.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 100 / 100

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)

National Association of Insurance and Financial Advisors Political Action Committee

**A. Full Name (Last, First, Middle Initial) of Debtor or Creditor**  
 NAIFA

 Nature of Debt (Purpose):  
 Payroll, Benefits, Supplies, Copies, etc

Mailing Address 2901 Telestar Court

City	State	ZIP Code
Falls Church	VA	22042-1205

Outstanding Balance Beginning This Period

61613.07

Transaction ID: DD#7711

Amount Incurred This Period

0.00

Payment This Period

25607.97

Outstanding Balance at Close of This Period

36005.10

1) **SUBTOTALS** This Period This Page (optional)..... ▶

36005.10

2) **TOTALS** This Period (last page this line number only)..... ▶

36005.10

3) **TOTALS OUTSTANDING LOANS** from Schedule C (last page only)..... ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶